

Department of Industrial Relations  
Division of Occupational Safety and Health  
ELEVATOR, RIDE, AND TRAMWAY UNIT



## Change of Responsible Party Information

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of person making change: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Address where Conveyance is located: \_\_\_\_\_

Conveyance Number(s) *Elevators, Escalators, Wheelchair Lifts, CPH's, Dumbwaiters, VRC's, etc.*


Has your Conveyance received a Permanent Variance? Yes ☐ No ☐

Has New Owner been informed of Variance? Yes ☐ No ☐

Is Variance posted in Machine Room or Machine Space? Yes ☐ No ☐

Has an application for the Permanent Variance Transfer been completed and submitted by the new owner? Yes ☐ No ☐

Original Owner / Responsible Party: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Owner / Responsible Party: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_